



SANDRA SHEWRY
Director

State of California—Health and Human Services Agency
Department of Health Services



ARNOLD SCHWARZENEGGER
Governor

March 6, 2007

Dear Interested Parties:

**HEALTH CARE OPTIONS PROGRAM REQUEST FOR PROPOSAL (RFP) 06-55000
ADMINISTRATIVE BULLETIN 10, ADDENDUM 8**

Administrative Bulletin Number 10, Addendum 8 issued by the California Department of Health Services (CDHS), Office of Medi-Cal Procurement (OMCP), announces information and changes to Request for Proposal (RFP) for the Health Care Options Program. CDHS provides notification to interested parties of the following:

- Attachment 15 – Conflict of Interest Compliance Certificate is enclosed to replace the original Attachment 15 as released with the RFP dated December 21, 2006.
- The enclosure (Addendum 8) incorporates changes to the Data Library Index (Appendix 2); additional documents have been added. To obtain a CD-R with the additional Data Library material, please send an e-mail to the address provided below.

Within the text of the Data Library Index, changes are indicated as an underline and a strikethrough to denote revisions.

In order to configure the Internet and CD version of the RFP to accurately reflect the current requirements and considerations, remove the existing pages and insert the appropriate replacement pages. The website for the electronic version is www.dhs.ca.gov/omcp.

ONLINE AND CD VERSION

To update the RFP, use the instructions in the following chart. Any changes made to the RFP are published as replacement pages in the RFP.

REMOVE EXISTING PAGES	REPLACEMENT PAGES
Attachment 15 – Conflict of Interest Compliance Certificate	Replace this Attachment 15 in its entirety.
Health Care Options Data Library Index, page 9 of 9.	Health Care Options Data Library Index, page 9 of 10. Added new category: "ITSD Mandatory Eligibles in HCO Counties".

REMOVE EXISTING PAGES	REPLACEMENT PAGES
Health Care Options Data Library Index.	Health Care Options Data Library Index, page 10 of 10 Added new category: "Reports".

Prospective Proposers have five (5) working days from the issue of this transmittal to the postmark date of the proposers' response to submit any objections to the Addendum to the address below:

RFP 06-55000
Attn: Karissa Kanenaga or Ramonda Ramos
CA Department of Health Services
Office of Medi-Cal Procurement, Mail Station 4200
Health Care Options Program
P.O. Box 997413
Sacramento, CA 95899-7413
E-Mail: omcprfp0@dhs.ca.gov

Sincerely,

Original signed by *Donna Martinez*

Donna Martinez, Chief
Office of Medi-Cal Procurement

Enclosure

Attachment 15**Conflict of Interest Compliance Certificate**

- A. CDHS intends to avoid any real or apparent conflicts of interest on the part of the Contractor, subcontractors, or employees, officers and directors of the Contractor or subcontractors. Thus, CDHS reserves the right to determine, at its sole discretion, whether any information, assertion or claim received from any source indicates the existence of a real or apparent conflict of interest; and, if a conflict is found to exist, to require the Contractor to submit additional information or a plan for resolving the conflict, subject to CDHS review and prior approval.
- B. Any of the following instances would be considered a “conflict of interest”, including, but not limited to:
1. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractor:
 - a. Has an interest, financial or otherwise, in a MCO, PIHP, PAHP, PCCM or other health care provider in California (as defined in Title 42, CFR, Subpart 438.810), which
 - i. The Contractor, or any parent corporation, or any subcontractor, or any of the Contractor's, or any parent corporation's or any subcontractor's employee, director, consultant, or officer has a direct or indirect interest of any dollar amount; or
 - ii. The Contractor, or any parent corporation, or any subcontractor, or any of the Contractor's or any parent corporation's or any subcontractor's employees, directors, consultants, or officers assigned to the Contract is a director, officer, partner, trustee, employee, or holder of a management position, or is self-employed; or
 - iii. The Contractor, or any parent corporation, or any subcontractor, or any of the Contractor's or any parent corporation's or any subcontractor's employees, directors, consultants, or officers assigned to the Contract is a director, officer, partner, trustee, employee, or holder of a management position, or is self-employed.
 - b. Is currently a party to a contract with a MCO, PIHP, PAHP, PCCM or other health care provider in California (as defined in Title 42, CFR, Subpart 438.810).
 2. An instance where the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractors holds a position of interest, financial or otherwise, which would allow use or disclosure of information obtained while performing services for private or personal benefit or for any purpose that is contrary to the goals and objectives of the Contract.
 3. An instance where a MCO, PIHP, PAHP, PCCM or other health care provider in California (as defined in Title 42, CFR, Subpart 438.810) employs the proposer/Contractor or any of its subcontractors, or any employee, officer, or director of the proposer/Contractor or any subcontractor.
 4. Where pursuant to the Political Reform Act (Government Code Section 87100-87500), a CDHS official has an economic interest in the proposer/Contractor or any of its subcontractors and the official makes, participates in the making of, or uses his or her official position to influence the making of a decision involving proposer/Contractor, where it is reasonably foreseeable that the decision could materially affect the official's economic interest.

Attachment 15

5. Where pursuant to Government Code Section 1090 et seq., a CDHS official participates in the making of a contract with Contractor and the official is financially interested in the Contract.
- C. CDHS' determination of a suspected or potential conflict of interest will be based on all of the proposer's/Contractor's or any of its subcontractors business affiliations and contractual relationships.
- D. If CDHS becomes aware of a known or suspected conflict of interest, the proposer or Contractor or any of its subcontractors will be given an opportunity to submit additional information or to resolve the conflict. A proposer or Contractor or any of its subcontractors with a suspected conflict of interest will have five (5) business days from the date of notification of the conflict by CDHS to provide complete information regarding the suspected conflict. If a conflict of interest is determined to exist by CDHS and cannot be resolved to the satisfaction of CDHS, before or after the award of the Contract, the conflict will be grounds for the proposal to be deemed nonresponsive and/or termination of the Contract.
- E. The proposer shall place this Certificate in the Appendix Section of its Narrative Proposal response to this RFP. This Certificate shall bear the original signature of an official or employee of the proposer who is authorized to bind the proposer.
- F. This Certificate will be incorporated into the Contract, if any, awarded from this RFP. It is understood that this requirement shall be in effect for the entire term of the Contract. The Contractor shall obtain a completed Certificate from any proposed subcontractor and submit it to CDHS prior to approval of the subcontractor by CDHS.
- G. The Contractor and each subcontractor shall notify CDHS, Payment Systems Division, at MS 4700, 1501 Capitol Avenue, P.O. Box 997413, Sacramento, CA 95899-7413 within ten (10) business days of any change to the information provided on this Certificate.
- H. The proposer/Contractor shall submit all documentation in accordance with Exhibit E, Additional Provisions, 8. Avoidance of Conflicts of Interest by Contractor.

The undersigned hereby affirms that: (check one)

- ☐ The statements above have been read and no real or apparent conflict of interest exists. The documentation as required in Paragraph H above is attached.
- ☐ A suspected or potential conflict of interest does exist and additional information as required in Paragraph H above is attached.

Signed: _____ **Title:** _____ **Date:** _____

Type or Print Name of Authorized Representative: _____

HEALTH CARE OPTIONS PROGRAM DATA LIBRARY INDEX					APPENDIX 2
TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
SACRAMENTO COUNTIES, FOR MAXIMUS FIELD OPERATIONS AND COUNTY SOCIAL SERVICES DEPARTMENTS.		building for HCO Program staff and program activities.			
REPORT USERS MANUAL (RUM)	CD	The report user manual provided by the Contractor to HCO during Takeover which lists and details the various reports generated by the Contractor either manually or by way on-line submission.	1/30/07		
DEFAULT ALGORITHMS – AS OF DECEMBER 1, 2006	CD	The default allocations for each Medi-Cal managed health care plan utilized by the Contractor for auto-assignment of beneficiaries who do not proactively make a health care plan choice.	1/30/07		
HCO TAKEOVER LETTERS	CD	The written letters provided by the Contractor to CDHS during the Takeover phase of the Contract. Takeover deliverables are included within these letters or attached, as appropriate.	1/30/07		
SATISFACTION SURVEY SAMPLE	CD	The survey provided to applicants/beneficiaries after attending an HCO ESR Presentation. The Monthly Results Summary Reports (MSM-C-M83) reflecting survey responses are contained within the Monthly Progress Reports.	2/02/07		This sample is available in an English version only.
DAILY NEW ELIGIBLES BY COUNTY REPORT	CD	The daily report generated by ITSD of the accounting of eligible beneficiaries to be enrolled in each county.	2/02/07		
ITSD MANDATORY ELIGIBLES IN HCO COUNTIES	CD	A sampling of the monthly report generated by ITSD to automate the process of separating the total fee-for-service (FFS) clients from the health care plan (HCP) clients and further breaking down the HCP clients into medical and dental HCPs.	3/06/07		

HEALTH CARE OPTIONS PROGRAM
DATA LIBRARY INDEX

APPENDIX 2

TITLE	FORMAT	DESCRIPTION	DATE ADDED	DATE UPDATED	COMMENTS
		This report also shows the two-county plans and the number of FFS beneficiaries with mailable addresses.			
REPORTS		Samples of the various reports generated by the Contractor to CDHS.	3/06/07		